HeadingHome 2010

Minnesota's Business Plan to End Long-Term Homelessness

Approaches to Housing and Services for Long-Term Homeless Households

March 25, 2008

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Re: Approaches to Housing and Services for Long-Term Homeless Households

To Members of the Community:

In the early years of overseeing Minnesota's Business Plan to End Long-Term Homelessness, the Ending Long-Term Homelessness Advisory Council charged several committees with specific tasks of implementation. For the most part, the committees have completed their tasks, or their mission has been absorbed into the work of Heading Home Minnesota. That is not the case, however, for the Services Funding Committee, which has continued to meet and pursue its objective.

Charged with recommending approaches and "best practices" for implementing the Business Plan, members of the Services Funding Committee came to realize that the single greatest barrier to completing its work was the lack of a common language. Members did not have the same understanding of a wide variety of terms used to describe the housing and services that are key to implementing the Plan, nor did they have a common view of the adequacy of various approaches to addressing long-term homelessness. Since the lack of a common language was preventing progress on its charge, the Committee took on the task of defining terms commonly used in the work of addressing homelessness. The attached report is the result of the Committee's work

The report is offered in the spirit of the Business Plan – a vision of where Minnesota is going in the work of ending homelessness, with recommendations for housing and services that would be available to those who have experienced long-term homelessness. Like the Business Plan, it describes housing and services that are funded – as well as some that are not. In fact, the Services Funding Committee will proceed from this work to the task of describing the existing funding streams and determining gaps.

Members of the Committee (whose names and affiliations are included in the document itself) hope you will make use of this report. Take it to meetings in your community, discuss the terms with others so we all have a common understanding, and keep us informed about its use and what additional information would be helpful.

Thank you for the work you do to end long-term homelessness in Minnesota. Please address any questions to Laura Kadwell, State Director for Ending Long-term Homelessness, laura.kadwell@state.mn.us or Jane Lawrenz, Supportive Housing Policy Coordinator, jane.m.lawrenz@state.mn.us, who have been staffing this committee.

Sincerely,

Bill Vanderwall
Chair, Services Funding Committee

Minnesota's Business Plan to End Long-Term Homelessness

Housing and Services for Singles, Families and Youth

The primary strategy for implementing Minnesota's Business Plan for Ending Long-Term Homelessness is to develop permanent supportive housing, which the Plan describes as "permanent affordable rental housing with services necessary for individuals, youth and families with children to maintain housing stability, live in the community, and lead successful lives." The Plan recognizes the critical relationship between housing and services: that without housing, services and supports cannot be effective, and without services and supports, housing doesn't last.

Those implementing the Business Plan and the public seem to understand the concept of supportive housing and its importance to ending long-term homelessness. At the same time, all do not have the same understanding of various types of supportive housing, the nature of services provided, and their relationship to the plan. This lack of understanding leads to confusion and misunderstandings as implementation progresses.

For that reason, the Services Funding Committee, charged with the task of recommending approaches and "best practices" for implementing the Plan, took on the task of further defining housing and services that support the Plan. With a more detailed understanding in the community of specific kinds of housing and services needed by people experiencing long-term homelessness, those implementing, funding, publicizing and otherwise supporting the Plan will be better able to move in a common direction.

This memo sets out agreements of the Services Funding Committee on the following:

- Basic principles underlying the Plan and its implementation
- Housing types and their uses in implementing the Business Plan
- Services needed to support individuals, families, and youth in housing and achieve the goals of the Business Plan, which are to:
  - Reduce the number of people that experience long-term homelessness,
  - Reduce the use of emergency services such as detox, jail, foster care and emergency room, and
  - Improve social outcomes for people experiencing long-term homelessness.
- Summary of ideas on housing for various populations (youth, singles, families).

Part 1: Principles

The underlying core principle governing the implementation of Minnesota's Business Plan is that families, individuals and youth experiencing long-term homelessness will have a choice of housing and services. The housing setting may vary based on the person's preference, availability of housing and the local real estate market. The goal is that people will have a choice between "scattered-site" units and group settings. People can also choose to live with others who are facing the same challenges (chemical dependency, for example) or with a more diverse community.

Similarly, individuals will have access to a broad range of service models. Some individuals do better with structure and requirements, others with minimal structure and few requirements. Some people will prefer to have services available on-site; others will want to take advantage of services offered in the community. Some people will need services (and service providers) that follow them if they move to a new location. All of these options are expected to be available through the Business Plan.

A corollary to the first principle of creating a broad spectrum of choice is to support consumers in making choices for their own lives. This principle incorporates both the choice of housing model and the choice – at each step of the way – of whether to utilize available services (see principle 3). Communities need to consider the supply and demand of community need, informed by consumer preferences and availability.

The Services Funding Committee adopts the following principles that support the overall goal of consumer choice:

1. Develop a broad spectrum of housing and services.
2. Encourage and support consumers in making informed choices about their own housing and services.
3. Utilize innovative cost effective and/or evidence-based models for services and housing that have demonstrated the ability to keep people housed.
4. Provide the necessary housing tenancy supports for people to find and remain in housing.
5. Offer culturally appropriate housing and services.
6. Create the safest possible environment, especially for children.
7. Provide trauma-informed housing and services.
8. Offer services that incorporate the philosophy of positive youth development to youth.

Part 2: Housing Types and Their Uses

Discussion of Terms

There are three primary variables that describe the types of housing that may be used in implementing the Business Plan:

- Configuration of units. Are people at a single location or in housing scattered throughout the community?
- Time limitations. Is there a limit on the length of time the person of family can stay in the housing?
- Approach to program and services. Is participation in services required to maintain housing?

While these variables are important to understand, the Committee found that they were not always simple to define and categorize. A good example is the word "permanent." Permanent housing is not permanent in the sense of a person or family staying there "forever." In fact, many households in "permanent supportive housing" move as often as those in housing labeled "transitional." What makes the housing "permanent" is that there is no requirement that the individual or family leave after a certain time.

Conversely, some individuals and families in transitional housing can "transition in place" which means that they can stay in the housing as long as desired but the services end. The housing is permanent and the services transitional. This fluidity underscores the importance of seeing this work on definitions as a way of arriving at common understandings and agreements, rather than a formulation of hard and fast "rules."

Configuration of Units

Living settings are either single-site or scattered-site and any configuration can accommodate people who require varying levels of support.

Single-site describes units that are in one location, with people living in community with others experiencing similar needs and issues. There is no limit on the size of single-site developments. Services can be provided on-site or off-site, though single-sites are more likely than scattered to have services available on site. Peer support can happen easily, particularly if there is a variety of common spaces where people can gather.

Single-site settings can be used to house singles, unaccompanied youth or families experiencing long-term homelessness. They are open to various programmatic approaches, including Housing First and Sober Housing.

Congregate housing is a subset of "single-site" housing. In congregate settings, residents share living and eating areas.

Scattered-site describes separate units (e.g. apartments) in various locations throughout a community. Usually the units are rented from private landlords and are leased either by the program or the individual person. Scattered-site units are less likely (than single-sites) to be viewed by the community as "housing for people with special needs." They are also somewhat more likely (than single-sites) to hold potential to become the person's permanent housing. In scattered-site supportive housing, services are offered either at a central program location or in the person's home or both.

Clustered housing is a subset of scattered-site housing. A number of units within a building or complex are set aside to provide permanent supportive housing.

Duration of Residency

Generally speaking, housing is either "permanent" or "transitional," with the fundamental difference between the two being the fact of time limits. The length of stay in Transitional Housing is generally up to 24 months under both HUD and state rules, though both federal and state governments allow six-month extensions in some circumstances. The goal of most transitional housing is to empower people with whatever they need to live more self-sufficiently. The approach is one of "progression" as opposed to permanency; an individual or family progresses from transitional housing to other forms of housing. The program creates the structure that many people need in their lives, but (ideally) remains flexible and is not bureaucratic.

As mentioned earlier, permanent supportive housing has no time limits. A person can remain in permanent supportive housing as long as they want to stay and are complying with terms of the lease.

One of the major issues discussed by the Services Funding Committee is the extent to which funding has driven the nature and supply of supportive housing. Transitional housing exists in part because there has been a source of funding which historically has not been available for permanent supportive housing. Many families and individuals need only a permanent rental subsidy and some may desire some degree of services for extended periods of time.

The Committee agreed that there is a role for transitional housing in implementing the Business Plan, especially with regard to certain populations who may be experiencing conditions that can be resolved or stabilized within 24 months. For example, transitional housing is often appropriate for families with particular issues/challenges such as domestic violence or who are working on reunification, or youth with fewer barriers leaving foster care.

Approach to Housing and Services

The approach to housing and services is primarily a way of describing services and the extent to which the person is expected to comply with certain requirements or expectations in order to remain in housing.

Housing First is a type of Permanent Supportive Housing. The idea behind Housing First is that an individual, youth or family with children that is experiencing homelessness first gets a place to live. The household can then access the services they need. Housing First has no requirements for entry (e.g. a period of sobriety) and no requirements for keeping housing, except those of a normal lease. Individuals, youth and families are not required to accept services. Service providers are, however, required to make a broad spectrum of services available on an ongoing basis and to engage people in accessing services.

The Housing First approach can be used in all living settings (site-based, congregate, scattered, clustered) and is appropriate for all populations (singles, youth, families with children) experiencing long-term homelessness.

Safe Haven is a type of supportive housing. Safe Havens are designed to serve hard to reach homeless persons with severe mental illness and other debilitating behavioral conditions that are on the streets and have been unwilling or unable to participate in supportive services. Like Housing First, Safe Havens are 24-hour housing with few requirements for entry and stay. A Safe Haven does not require participants to sign a lease. Ideally a person's stay in a Safe Haven would be short; but the stay is not time-limited. Safe Havens are always site-based. Safe Havens are part of the continuum of housing needed to implement the Business Plan. They are most appropriate for single adults.

Program Housing can be Transitional or Permanent Supportive Housing. Program housing combines housing with services that are intrinsically tied to the housing setting. Program housing is often based in a community of residents living at a single location; some supportive housing providers also offer program housing on a scattered-site basis. Unlike Housing First, which has no requirements for entry or stay except for lease compliance, program housing both expects and requires participation in services as a condition of residency.

Program housing is often targeted to people with disabilities such as mental illness, traumatic brain injury and chemical dependency. One example is "sober housing" which sets forth an expectation that residents will not use alcohol or drugs. The concept is that people striving to maintain sobriety will be strengthened by participation in a mutually supportive, drug- and alcohol-free environment.

Summary Table

The following table illustrates the approaches, configuration, duration of residency and the recommendations for specific populations.

Approach to Housing and Services	Configuration		Duration of Residency		Recommended for Long-Term Homeless		
	Site-Based	Scattered/ Clustered	Transitional	Permanent	Singles	Youth	Families
Housing First	Yes	Yes	No	Yes	Yes	Yes	Yes
Safe Haven	Yes	No	Yes	Yes	Yes	No	No
Program Housing	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Part 3: Services

This section of the report discusses the menu of services recommended to be available to families, singles, and youth who have experienced long-term homelessness. In keeping with the principles underlying housing choices, the following concepts are important:

- The goal is that appropriate services will be available to people; people are generally not required to accept services (there may be exceptions to this principle in "program housing"). Services may be available on-site or off-site, and ideally services should follow the person wherever the person chooses to live.
- This is a menu of services; it is not a flow chart or an indication of who provides each service or how the service is provided.

The services are listed as parts of "service sets" with each set addressing a specific sub-population (people with mental illness, for example). The definitions for these services can be found in Appendix A, and the sources for some of these definitions are in Appendix B.

The following tables list the services for people who have experienced long-term homelessness (by population group, as applicable):

Population	Services
Basic Service Set – the set of services that is recommended to be available for all households experiencing long-term homelessness	
Single adults Youth Families with children	Access In-reach Outreach Engagement Benefits Assistance
	Case management • Assessment • Plan development • Connection • Coordination • Monitoring • Personal Advocacy
	Family Specific Services • Family Reunification Services • Parenting
	Housing Supports • Finding housing • Applying for housing and advocating with landlord to take someone who maybe screened out of housing • Rental Subsidies • Securing household supplies and furniture and other necessities • New tenant orientation and move-in assistance • Tenancy supports • Support for children and youth • Eviction prevention • Front desk services
	Independent Living Skills
	Transportation

	Education / Employment • School Connections • Access to Social Support • Truancy Intervention • Access to Academic Support • Opportunities and access to GED, 2 year or 4 year degree programs • Supported employment • Childcare resources
	Safety • Domestic Abuse Services • Crisis Planning and Intervention • Child Protection Assessment and appropriate follow-through Legal Advocacy
	Harm Reduction Strategies
	Financial Management • Budgeting • Benefit assistance • Financial education services • Legal advocacy
	Self-determination / Life Satisfaction • Recreation • Social Support • Community Involvement / Integration • Parenting • Support Groups
	Health • Benefit assistance • Health related services o Medication set up o Healthcare coordination o HIV/AIDS/STD education and support o Immunization and prevention • End of life planning
	Veterans benefits and services

Service Set for Children – additional recommended services if a program serves children

Specific Services –

- Case management
- Advocacy
- Academic programs
- Computer Labs
- Recreational programming
- Mental Health
- Chemical Health
- Mentoring
- Employment training
- Post secondary
- Physical health
- Transportation

Assessment and Planning Services –

- Developmental assessment and plan
- School readiness plan
- Educational services including Individual Education Plan
- Post secondary plan

Mental Health Service Set – services in addition to Basic Service Set recommended for people with Mental Health issues; some of these services are considered evidence-based practice	
Single adults Youth Families with children	Crisis Planning and Intervention • Adult Crisis Services • Children's Mental Health Crisis Response Team • Adult Protective Services • Vulnerable adult assessment Diagnostic Assessment Employment / Vocational services for persons with mental illness • Supported employment Individual Education Plan (IEP) Individual Community Support Plan Individual Service Plans (ISP)
	Community Based Mental Health Services • Mental Health medication management • Neuropsychological services • Psychotherapy • Psychological testing • Mental health targeted case management • Community Support Program / psycho-social rehab / drop-in
	Rehabilitative Mental Health Services • Assertive Community Treatment (ACT) • Adult Rehabilitative Mental Health Services (ARMHS) • Intensive Residential Treatment Services (IRTS) • Partial Hospitalization Program (PHP) • Children's Mental Health Residential Services • Children's Therapeutic Services and Supports (CTSS) • Day Treatment (Adult, adolescent, children)
	Physician Mental Health Services • Health and Behavior Assessment / Intervention • Inpatient visits • Psychiatric consultation to Primary Care Providers • Physician consultation, evaluation and management
	Treatments • Harm Reduction strategies • Family Psycho-education • Trauma Recovery and Empowerment Model • Illness Management and Recovery • Medications

Traumatic Brain Injury (TBI) Service Set – services in addition to the basic service set recommended for people with traumatic brain injury	
Single adults Youth Families with children	Employment / Vocational services for persons with brain injury • Supported employment Individual Education Plan (IEP) Medical Assistance home and community based waivers, e.g. TBI, CADI, CAC, DD (formerly known as MR/RC) and EW waiver TBI specific services • Neurologist and neuropsychological evaluation • Medication Management • Psychologist / psychiatrist familiar with brain injury • Cognitive Rehabilitation • Independent living skills instruction for TBI • Specialized chemical dependency treatment for persons with cognitive impairments • Behavioral programming • Advocacy for benefits, rights, individual needs • Brain Injury Support Group

Chemical Health Service Set – services in addition to the basic service set recommended for people with chemical health issues	
Single Adults Youth Families with children	Consolidated Chemical Dependency Treatment Fund –providing treatment and extended rehabilitation. Can include the following services • Recovery readiness services • Relapse prevention and recovery planning • Individual and group counseling for substance abuse • Methadone maintenance • Harm reduction strategies • Detoxification service • Inpatient rehabilitation • Self help groups such as AA or NA • Sober recreational activities

Physical Disability Service Set – services in addition to the basic service set recommended for people with physical disabilities	
Single adults Youth Families with children	Accessible housing, transportation and services Employment / vocational services specific for people with physical disabilities • Supported employment Individual Education Plans (IEP) Medical Assistance home and community based waivers e.g. CADI, CAC, TBI, EW waivers

Co-occurring Disorders (mental illness / chemical dependency) Service Set – services in addition to the basic service set recommended for people with co-occurring disorders	
Single adults Youth Families with children	Harm Reduction strategies – incorporating strategies from both the mental illness and chemical dependency fields. Assertive Community Treatment (ACT) Integrated Dual Disorder Treatment (IDDT) Medications Modified Therapeutic Communities

Part 4: Thoughts on Housing by Population

The next chart summarizes the Service Funding Committee's conclusions thus far on the use of various types of housing for youth, singles, and families with children. The Committee recognizes that the appropriateness of any kind of housing depends not only on the type of housing as it is defined but also the services provided and other factors. The chart looks only at whether the type of housing as defined above could be an appropriate alternative for youth, singles and families experiencing long-term homelessness.

Population	Housing First	Safe Haven	Program Housing	
			Transitional	Permanent
Youth	Yes, especially for teen parents, older youth (17-22), and youth exiting institutional care (group homes, foster care or corrections placements)	Not recommended	May be appropriate for: ▪ Youth coming from foster care ▪ Youth who do not have severe mental illness or chemical dependency issues ▪ Unaccompanied youth who can't return home ▪ GLBT (gay, lesbian, bisexual, transgender) youth who can't return home ▪ Teen moms (but perhaps for a longer period of time) ▪ Youth with independent living skills who want to increase these skills.	Generally speaking, youth with severe mental health and/or chemical dependency issues need permanent supportive housing. This includes youth who: ▪ Have been bounced around, who have had many placements (foster care, group homes, corrections) ▪ Have FAS (Fetal Alcohol Syndrome) or were born addicted. ▪ Are offenders (esp. violent, drug or sex offenders) ▪ Youth with brain injury
Single Adults	Yes	▪ Appropriate setting for very vulnerable, hard-to-reach singles who are on the streets, especially those living in places not fit for human habitation	Transitional housing has a limited place in the Business Plan for single adults that have experienced long-term homelessness. Transitional Housing works for people who do not need ongoing support beyond the transitional housing program. Transitional housing works for people with barriers to permanent supportive housing, e.g. criminal history. (This assumes transitional housing is more entry-tolerant than other housing.)	Appropriate for people with chronic conditions who need services that are not time limited or tied to a specific program. This includes people experiencing ▪ Serious Mental Illness (SMI) or Serious and Persistent Mental Illness (SPMI) ▪ Dual diagnoses e.g. mental illness and chemical dependency ▪ Brain Injury

Families	Yes	Not appropriate for families.	Transitional housing has a limited place in the Business Plan for families that have experienced long-term homelessness. It could serve those who want to complete goals and move on, including families: ▪ Experiencing domestic violence ▪ Wanting to reunify with a member re-entering after a stay in a correctional institution ▪ With a parent pursuing educational or vocational training ▪ Maintaining sobriety ▪ Headed by young moms with children ▪ Who are Refugees	Most families that have experienced long-term homelessness need more than 24 months of supportive housing and could benefit from long-term services that are not tied to a specific program.

Appendix A

Definitions

The following definitions apply to the services set out in the tables on pages 5 - 11:

- *Access* – includes the removal of barriers, follow up to ensure people are receiving care, advocating for removal of barriers, and monitoring. Access is more than simply referral to services.
- *Accessible housing* – housing designed for people with physical disabilities. Specifications would meet federal and local housing codes for accessible/barrier-free housing.
- *ACT (Assertive Community Treatment) teams* – an evidence based practice, ACT teams are multidisciplinary teams that provide case management, crisis intervention, psychiatric assessment, medication monitoring, social support, assistance with everyday living needs, access to medical care, family psycho-education, illness management recovery, and employment assistance for people with mental illness. The programs are based on an assertive outreach approach with hands-on assistance provided to individuals in their homes and neighborhoods. ACT teams must meet fidelity standards established by the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) and the Minnesota Department of Human Services (DHS). Integrated ACT teams work with people with co-occurring disorders (mental illness and chemical dependency).
- *Adult Rehabilitative Mental Health Services (ARMHS)* – mental health services which are rehabilitative and enable the recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills when these abilities are impaired by the symptoms of mental illness. A person can receive this service if they are 18 or older and are diagnosed with a medical condition such as a serious mental illness or traumatic brain injury for which adult rehabilitative services are needed.
- *Benefit assistance* – guiding someone through the application process for various financial assistance programs such as SSI/RSDI; Medical Assistance; waiver programs such as TBI and CADI, MFIP; food stamps; Emergency Assistance, etc.
- *Budgeting* – assisting someone in paying bills, accessing additional income and understanding that expenses can't exceed income. May be done in a formal (classroom) setting or informal setting such as one-to-one in someone's home.
- *Case management* – Minnesota's Interagency Task Force on Homelessness has defined case management for people experiencing homelessness and those at risk of homelessness to include the following activities:
    - Assessment – Identify, with a person, their strengths, resources, barriers, and needs in the context of their local environment.
    - Plan development – Develop an individualized service plan, with specific outcomes, based on the assessment.
    - Connection – Obtain for the person the necessary services, benefits, treatments and supports.
    - Coordination – Bring together all of the service providers (e.g. probation or parole officers, job counselors, child protection workers, therapists) in order to integrate services and assure consistency of service plans.
    - Monitoring – Evaluate with the person their progress and needs, and adjust the plan as needed.
    - Personal advocacy – Intercede on behalf of the person or group to ensure access to timely and appropriate services.

    Case management activities can vary in intensity, duration, focus, staffing and location(s).
- *Chemical Health Services* – coordinate and/or attend chemical health appointments, maintain contact with other service providers, and provide on-going support. In Minnesota these services are part of the Consolidated Chemical Dependency Treatment Fund which is administered through county or tribal social services. Eligible clients are those enrolled in Medical Assistance (MA), General Assistance (GA), General Assistance Medical Care (GAMC), receiving Minnesota Supplemental Aid (MSA), or meet the MA, GAMC or MSA income or federal poverty guidelines' household income limits. If approved the

person's chemical dependency treatment is funded along with extended rehabilitation or transitional rehabilitation for persons who are enrolled in a pre-paid health plan rather than a fee-for-service program.

- *Childcare resources* – assist parents to apply for childcare financial assistance and to find quality and culturally-appropriate childcare and after school programs.
- *Child Protection/Vulnerable Adult Assessments* – assessments that are done by service providers in order to determine whether or not the child/adult is currently being abused or in an un-safe situation. Child Protection Assessments are always reported to the local county's child protection intake line. Suspected abuse of a vulnerable adult is reported to the local county Adult Protection Unit.
- *Children's Therapeutic Services and Supports (CTSS)* – a flexible package of mental health services for children who require varying therapeutic and rehabilitative levels of intervention. The services are time-limited interventions that are delivered using various treatment modalities and combinations of services designed to reach treatment outcomes identified in the individual treatment plan.
- *Community Alternative Care Waiver* – see definition for Medical Assistance home and community based waivers.
- *Community Alternatives for Disabled Individuals (CADI) Waiver* – see definition for Medical Assistance home and community based waivers.
- *Community Based Mental Health Services* – often provided at a community mental health center and must include the following services:
    - Collaborative and cooperative services for the prevention of mental illness, developmental disability, alcoholism, drug abuse and other psychiatric disorders
    - Multidisciplinary mental health/mental retardation/chemical dependency professional team
    - Outpatient diagnostic and treatment services
    - Provide or contract for detoxification, evaluation and referral for chemical dependency services.
    - Provides specific coordination for mentally ill/behaviorally disabled, developmental disability and chemical dependency programs.
    - Rehabilitative services including community support programs
- *Community involvement / integration* – connecting individual or family to community events, recreational and socialization activities that are meaningful and important to the person or family. Developing social and support network can include leadership development.
- *Cognitive Rehabilitation* – strategies to achieve the most independent or highest level of functioning. Typically used with people who have brain injuries, cognitive rehabilitation treatment goals include:
    - Relearning of targeted mental abilities
    - Strengthening of intact functions
    - Relearning of social interaction skills
    - Substitution of new skills for lost functions
    - Optimizing control over the emotional aspects of one's functioning, including management of impulsivity and anger (Center of Cognitive Rehabilitation and Neurofeedback)
- *Crisis planning and intervention* – specialized services provided to maintain a person in the present community setting and prevent the person from requiring placement in a more restrictive institutional setting such as an inpatient hospital or regional treatment center. The services include a thorough assessment of the client's behavior and environment and intervention plan to reduce the need for more restrictive setting and to prevent or minimize future crises. Includes adult crisis services, mental health service coverage for Minnesota Care, Medical Assistance including PMAP and Children's Mental Health Crisis Response Teams.
- *Day treatment* – a short-term structured program consisting of group psychotherapy and other intensive therapeutic services provided by a multi-disciplinary team. Day treatment services are provided to stabilize a recipient's mental health status while developing and improving his/her

independent living and socialization skills. The goal of day treatment is to reduce or relieve the effects of mental illness and provide training to enable the recipient to live in the community. The treatment must be provided to a group of recipients by a multidisciplinary team under the clinical supervision of a mental health professional. Day treatment is usually offered to specific populations such as children, adolescents, or adults with a particular diagnosis.

- *Developmental Disability (DD) waiver* – see definition for Medical Assistance home and community based waivers.
- *Diagnostic assessment* – a structured interview or series of interviews to gain an understanding of the person's past and present circumstances and symptoms (mental and physical health), and if necessary provide recommendations for further treatment or care.
- *Domestic abuse services* – safety planning, referral for therapy and support groups. Comprehensive services for individuals and families to reduce the likelihood of violence in the home. Often includes services from multiple agencies such as battered women's shelters, corrections, mental health clinics and county based services such as child protection.
- *Elderly waiver (EW)* – see definition for Medical Assistance home and community based waivers.
- *Employment/vocational services* – coordinate with client and other employment agencies, placement and retention services, vocational training, or day programming. Can include:
    - Job skills training/education
    - Vocational/career assessment and counseling
    - Computer classes/training
    - Job readiness training – resumes, interviewing skills
    - Job retention services – support, coaching
    - Job development/job placement services
    - Transitional and supportive employment
    - Job placement
    - Volunteer services
- *End of life planning* – assisting person with services such as hospice, legal assistance, and spiritual care.
- *Engagement* – a strategy or set of strategies to gain the trust and establish a relationship with an individual or family to assist and provide him or her with services.
- *Eviction prevention* – strategies such as financial mediation, negotiation and relocation to keep an individual or family housed.
- *Evidence-based practice* – interventions for which there is consistent scientific evidence showing that they improve client outcomes.
- *Family reunification services* – services such as individual and family therapy and coordination among a variety of providers (e.g. child protection, foster care, probation) to prepare and support members of a family as they begin to live together as a family.
- *Family psychosocial education* – a model that educates family members about a disability and how the family members can play a role in illness management and recovery.
- *Financial education services* – credit repair, debt reduction, accessing tax credits, and paying child support.
- *Front desk services* – at a minimum provides monitoring and security for a building and works with property management and service provider on building issues. May also provide service functions such as connecting people to resources and helping to build community.
- *Harm Reduction strategies* – a set of strategies that reduce negative consequences of chemical use, incorporating a spectrum of strategies from safer use to manage use to abstinence. Harm reduction strategies meet chemical users "where they're at," addressing conditions of use along with the use

itself. Harm reduction intervention and policies reflect the needs of a specific individual and community and there is no universal definition or formula for implementation (Harm Reduction Coalition). Harm reduction strategies are a form of behavior modification and can be used to change other behaviors such as noncompliance with medication.

- *Health related services* – Access to, provision of, and education about:
    - Physical, mental, dental, sexual and pregnancy needs
    - Medication set up, monitoring and administration
    - Health care coordination – monitor health condition and consult with medical providers as needed, including complex medical conditions (e.g. diabetes, Hepatitis C)
    - HIV/AIDS/STD education and support
    - Immunizations and prevention services
    - Nutrition and meal planning for special health conditions
- *Housing supports* – Includes:
    - Finding housing
    - Applying for housing and advocating with landlord to take someone who may be screened out of the housing
    - Accessing rental subsidies and funding for damage deposit and first month's rent
    - Securing household supplies and furniture and other necessities such as telephone service, voice mail, storage, nutrition/food, clothing, mailing address, identification
    - New tenant orientation, explanation of lease and move-in assistance
    - Tenancy skills training including budgeting, eviction prevention and crisis planning
    - Tenants' rights education and tenants' council
- *Illness Management and Recovery* – evidence-based practice for working with people with serious mental illness. Includes the following strategies:
    - Recovery strategies
    - Practical facts about mental illness
    - The Stress-Vulnerability Model and strategies for treatment
    - Building social support
    - Using medication effectively
    - Reducing relapse and coping with stress
    - Coping with problems and symptoms
    - Getting needs met in the mental health system
- *Independent living skills* – teach client skills including meal planning and preparation, budgeting and managing finances, laundry, housekeeping, personal care and use of public transportation, specific to the population served.
- *Individual Education Plan* (IEP) – a structured and formal plan to meet the educational needs of someone with a disability (physical, emotional or cognitive). Includes the coordination of other services such as therapy and case management. For grades kindergarten through 12^{th}.
- *Individual Support Plan* (ISP) – written plan designed with and for a client receiving services such as mental health case management. The plan consists of strengths, needs, goals and resources needed to achieve goals. Plan is monitored and reviewed on a regular basis (e.g. monthly, quarterly).
- *In-reach* – work with people in prison, jail, hospitals and regional treatment centers to develop and plan exit from the institution.

- *Integrated Dual Disorder Treatment (IDDT)* – combines treatments for both mental illness and chemical dependency.
- *Intensive Residential Treatment Services (IRTS)* – structured, supervised residential treatment for adults with serious and persistent mental illness; typical stay is 60 – 90 days.
- *Legal advocacy* – including child support, criminal defense, evictions, etc.
- *Medical Assistance home and community based waivers* – persons with disabilities or chronic illnesses who need certain levels of care may qualify for the state's home and community based waiver programs. Eligibility is determined through a screening process by the local county social services agency. The home and community based waiver programs are:
    - Alternative Care – program that supports certain home and community based services for older Minnesotans (age 65 and over) who are at risk of nursing home placement and have low levels of income and assets.
    - Community Alternative Care (CAC) Waiver – for chronically ill and medically fragile persons who need the level of care provided in a hospital.
    - Community Alternative for Disabled Individual (CADI) Waiver – for persons with disabilities who require the level of care provided in a nursing facility.
    - Elderly Waiver (EW) – for people over the age of 65 who require the level of care provided in a nursing facility.
    - Developmental Disability (DD), formerly known as Mental Retardation or Related Condition (MR/RC) Waiver – for persons with mental retardation or a related condition who need the level of care provide in an Intermediate Care Facility for Persons with Mental Retardation or Related Conditions (ICF/MR).
    - Traumatic Brain Injury (TBI) Waiver – for persons with acquired or traumatic brain injuries who need the level of care provided either in a nursing facility that provides specialized (cognitive and behavioral supports) services for persons with brain injury or neurobehavioral hospital.
- *Mental Health Targeted Case Management* – activities that are coordinated with the community support services program and are designed to help adults with serious and persistent mental illness in gaining access to needed medical, social, educational, vocational, and other necessary services as they relate to the client's mental health needs. Case management services include developing a functional assessment and an individual community support plan, referring and assisting the person to obtain needed mental health and other services, ensuring coordination of services, and monitoring the delivery of services.
- *Modified Therapeutic Community* – a form of supportive housing that provides intensive, on-site services to address one or more disabilities (e.g. mental illness, chemical dependency).
- *Nutrition* – meal planning and preparation for optimal health, also to manage chronic health conditions such as diabetes. May include learning on how to access food shelves or other low-cost food providers.
- *Outreach* – locating, contacting and providing information, referrals and services to people who are homeless or at risk of homelessness and living on the street or in the community (this includes all populations – youth, single adults and families with children). Services may include:
    - Assistance in obtaining temporary emergency shelter
    - Assistance in obtaining food, clothing, medical care or mental health services
    - Homelessness prevention
    - Counseling regarding violence, prostitution, substance abuse, STD and pregnancy, etc.
    - Referrals to other agencies that provide services
    - Assistance with education, employment and independent living skills.
- *Parenting* – Teach and/or assist client to develop parenting skills. Provide on-going support of appropriate parenting skills, education on child development, and reunification.

- *Partial Hospitalization Program* (PHP) – a time-limited, structured program of psychotherapy and other therapeutic services as defined by Medicare and provided in an outpatient hospital facility or Community Mental Health Center that meets Medicare requirements to provide partial hospitalization programs (PHP) and services. The goal of partial hospitalization programs is to resolve or stabilize an acute episode of mental illness. Partial hospitalization consists of multiple and intensive therapeutic services provided by a multidisciplinary staff to treat the recipient's mental illness.
- *Physician mental health services* – health and behavior assessment / intervention, inpatient visits, psychiatric consultation to primary care providers, physician consultation, evaluation and management.
- *Positive Youth Development* – Strength-based youth work or positive youth development refers to a nonjudgmental approach to working with youth by focusing on their strengths and empowering them to use their strengths to achieve their goals. Current evidence based practices in youth work include "adolescent brain development" and "strength based or positive youth development" practices. Adolescent brain development is a concept that takes the stages of physical growth, cognitive development, moral development, self-concept, psychological and emotional traits, relationships and effects of child abuse into consideration when working with youth.
- *Rehabilitative Mental Health Services* – Assertive Community Treatment (ACT), Adult Day Treatment, Adult Rehabilitative Mental Health Services (ARMHS), Children's Mental Health Residential Treatment Services, Children's Therapeutic Services and Supports (CTSS), Children's Day Treatment, Intensive Residential Treatment Services (IRTS), and Partial Hospitalization Program (PHP). Funded through state and federal medical programs.
- *Rental Assistance* – tenant-, site- or program-based financial program that generally caps a person's contribution towards rent. Rental assistance programs can take a variety of forms from shallow rent subsidies of a fixed amount or rental subsidies that are tied to a person's income. Some rental assistance programs are temporary some are permanent and are funded through a variety of federal, state and local programs.
- *Residential Treatment* – 24-hour-a-day program under the clinical supervision of a mental health professional in a community residential setting other than an acute care hospital or regional treatment center inpatient unit. Residential treatment programs are designed to serve specific populations such as children, adolescents and adults with a particular diagnosis.
- *Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) block grant* – SAMHSA is a division of the US Department of Health and Human Services, this block grant includes the following:
    - Special Populations Grants – for support and recovery maintenance services for special populations including those with co-occurring disorders, in the correctional system and people who are homeless
    - Women's Treatment Support and Recovery Maintenance Grants – gender specific services to women who are pregnant or women with children to complete treatment aftercare while maintaining their parenting status.
    - Women's Treatment and Expansion Grants – to provide additional services as adjuncts to primary chemical dependency treatment.
    - Primary Prevention Grants – provide primary prevention services to communities.
- *Social support* – peers, neighbors, friends, and family.
- *Support groups* – generally peer-run, informal groups that advocate and advise, often around a single or common issue (mental illness).
- *Supported Employment* – a range of services individualized to ensure successful employment for someone with a disability; may include job coaching or modification of job duties.
- *Storage* – on-site or off-site storage (free or very low cost) for persons experiencing homelessness to safely keep belongings.
- *Tenancy supports* – Services to prevent or resolve problems that jeopardize a tenant's stable housing. The focus is on individual risk factors such as lease compliance, rent, housekeeping and conflict

resolution. Typically the service provider works with the landlord to respond to problems that could result in the person's housing loss.

- *Transition planning* – process to assist someone in planning for the next stage in their life (e.g. moving from foster care into one's own apartment).
- *Transportation* – provide transportation to employment, grocery shopping, appointments (medical and other) and recreational activities.
- *Trauma* – includes sexual abuse, physical abuse, severe neglect, loss, abandonment, threat, torture and/or the witnessing of violence. Trauma may also be caused by overwhelming experiences, such as natural disasters, terrorism, and combat.
- *Trauma informed services* – services informed about, and sensitive to, trauma related issues present in survivors. A 'trauma-informed' system is one in which all components of the system have been evaluated with an understanding of the role that violence plays in the lives of people seeking mental health and addiction services.
- *Traumatic Brain Injury (TBI) waiver* – see definition for Medical Assistance home and community based waivers.
- *Truancy intervention* – Interventions are typically done through juvenile probation, the school systems and sometimes through a non-profit provider. The goal of these services is to help a youth attend school on a regular basis and possibly addresses the issues that were causing the truancy.
- *Veteran's benefits and services* – a variety of resources for veterans that are funded through federal, state and local resources and include advocacy, referral and coordination with a range of community agencies including those that provide services to veterans. For example, a veteran may be eligible for county based mental health services, homeless prevention funding and veteran's medical services.
- *Youth/minor* – A minor (for court proceedings and county services purposes) is an individual under the age of 18. A "youth" according to Minnesota Statutes, 256K.45 is an individual who is 21 or younger.

Appendix B

Sources for definitions

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Corporation for Supportive Housing, "What is Supportive Housing?"

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Rachel A/.Ozretich, Sally R. Bowman, Oregon State University, "Positive Youth Development"

United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) - National Mental Health Information Center

United States Department of Housing and Urban Development (HUD)

Appendix C

Services Funding Committee Members

Members:

Nancy Abramson
Mental Health Resources, Inc.

Richard Amos
St. Stephen's Human Services

Marcia Avner
Minnesota Council of Nonprofits

Janel Bush
Minnesota Department of Human Services

Cathy ten Broeke
City of Minneapolis/Hennepin County

Ji-Young Choi
Greater Twin Cities United Way

Steve Cramer
Project for Pride in Living

Bev Dusso
Tubman Family Alliance

Duane Elg
Minnesota Department of Human Services

Father John Estrem
Catholic Charities

Leila Farah
Minnesota Department of Human Services

Andrea Ferstan
Greater Twin Cities United Way

Marcia Fink
Greater Twin Cities United Way

Jessica Frehse
Project for Pride in Living

Tom Fulton
Family Housing Fund

Moira Gaidzanwa
Family Housing Fund

Kelly Harder
Steele County Human Services

Mary Hartmann
New Foundations, Inc/Crestview Comm.

Peter Hayden
Turning Point

Jennifer Ho
Hearth Connection

Beth Holger
Minnesota Department of Human Services

Deborah Jans
Homeless Against Homeless

Nellie Johnson
CommonBond Communities

Rachel Kincade
Life House

Alison Legler
Minnesota Department of Human Services

LeAnn Littlewolf
Life House

Maribeth Lundeen
Dakota County Social Services

Mike Manhard
Metro-Wide Engagement for Shelter and Housing

Rhonda McCall
Minnesota Housing

Andy McMahon
Corporation for Supportive Housing

Bob Meyer
Blue Earth County

Ben Osborn
Corporation for Supportive Housing

John Petroskas
Catholic Charities

Patricia H. Pettit
Hart Community Services, Inc.

Don Sabre
Hennepin County

Joel Salzer
Lutheran Social Services

Terry M. Schneider
South Metro Human Services

David Schultz
Minnesota Department of Human Services

Cherie Shoquist
Minnesota Housing

Dexter Sidney
US Department of HUD

George Stone
Corporation for Supportive Housing

Kristine Swenson
Hearth Connection

Gary Travis
Minnesota Department of Human Services

Joan Truhler
Minnesota Department of Human Services

David Twa
Ramsey County

Bill Vanderwall
Consultant - CHAIR

Nancy Webster-Smith
People, Inc.

Marge Wherley
Hennepin County

Patrick Arden Wood
People, Incorporated

Roger Worm
Homeless Against Homeless

Pam Zagaria
Family Housing Fund

Staff:

Laura Kadwell
State of Minnesota

Jane Lawrenz
Minnesota Department of Human Services

Connie Nelson, Facilitator
The Public Strategies Group

Krista Zuleger
University of Minnesota School of Social Work